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ABSTRACT

This final report describes the outcomes of a 3-year federally funded outreach project that was designed to increase access to quality center-based child care for infants and toddlers with disabilities. The project served 14 child care centers in West Virginia, 12 child care centers in Texas, 13 child care centers in Alabama and 6 child care centers in the Virgin Islands. A review of the relevant data sources showed that access to and enrollment in center-based child care for infants and toddlers with disabilities increased significantly in these programs during the three years of the project. These increases appeared to be related to four key outcomes: (1) changes in the attitudes of the program directors regarding the inclusion of young children with disabilities in typical settings; (2) an increase in collaborative relationships between local child care and early intervention programs; (3) changes in policies to reflect a commitment to inclusive child care, and; (4) changes in child care directors' perceptions of the competence of child care providers. The report includes a list of the project's dissemination activities, a discussion of the potential replicability of the project findings, recommendations for the future, and copies of 3 surveys used to evaluate the project. (SG)

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ED 471 029

Final Report of Outreach Grant

SUCCESSFUL INTEGRATION OF INFANTS AND TODDLERS THROUGH TRAINING
12-18-2000

Grant #H024D970044

Submitted by:
Ann G. Haggart, Project Monitor
Susan E. Craig, Project Coordinator
Karla Hull, Evaluator

EC309301

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Introduction To Evaluation Process

The final evaluation of this federal outreach grant was undertaken by a third party evaluator using multiple sources to draw conclusions about the ability of the project to address stated goals. The evaluator used the following sources of information to draw conclusions about the effectiveness of this project:

- Interviews with participants in the grant.

  Attempts were made to contact all of the participants in this three-year project. Telephone interviews, e-mailed surveys and faxes were used to ask the participants a series of questions about the project (See Appendix A for a copy of interview questions). A total of 18 Child Care Directors and 13 Early Intervention Bridges responded to the surveys.

- Review of evaluation data collected after trainings:

  Evaluations of trainings were reviewed to indicate the participants' perceptions of the quality and usefulness of the training.

- Analysis of pre- and post- survey results regarding attitudes toward inclusion:

  Pre- and post- test surveys of attitudes toward inclusion were analyzed to determine whether participant attitudes were influenced by the training and technical assistance provided by the project (See Appendix B for survey).

- Review of training and dissemination documents.

  Project documents were reviewed and dissemination information was provided for this evaluation.

Significance of the Project

Goal 1: To increase access to center based child care for infants and toddlers with disabilities

A review of relevant data sources verifies that access to center based child care for infants and toddlers with disabilities has significantly increased in programs participating in this project. These increases appear to be related to four key areas: changes in the attitudes of EI Bridges and Child Care Directors, an increase in collaborative relationships, changes in policies, and changes in Child Care Director's perceptions of competence resulting in an increased number of children with disabilities being served in child care settings.

Increased Access

The project served 14 child care centers in West Virginia, 12 child care centers in Katy, Texas, 13 child care centers in Waco, Texas, 4 child care centers in Alabama, and 6 child care centers in the Virgin Islands. By the end of the project, infants and toddlers with disabilities were enrolled in 47 of the 49 participating centers, with enrollment of children with disabilities at the centers ranging from 2% to 68 % of the total children enrolled. Enrollments of infants and toddlers with disabilities increased and were maintained over the three-year period even when natural attrition was taken into account.

The two centers that did not include young children with disabilities were in the Virgin Islands where cultural taboos against pregnant women seeing people with disabilities created a significant challenge for the inclusion of children with disabilities in child care settings. It should be noted that by the end of this project 2 of the 5 child care settings in the Virgin Islands had enrolled children with disabilities and the Part C

director for the Virgin Islands had made a significant commitment to continuing the efforts.

Increase in Collaborative Relationships

Analysis of interviews with participants revealed that every respondent noted the importance of increased lines of communication as a result of this training project. Examples of these comments include:

> *We have advertised our program in meetings, workshops and publications sponsored by early intervention professionals with whom we have strengthened our communication and rapport (child care director).*

> *Before this training I was reluctant to accept infants with disabilities and I didn't know about the resources available. Meeting intervention specialists and training with them has created a relationship that will enable me to confidently include infants & toddlers with disabilities (child care director).*

> *The trainings provided resources and strategies that I have shared with other Early Intervention staff members who are serving infants & toddlers in child care settings. I also gained a network of "enlightened" child care providers who will serve as models and mentors for other child care settings that are unsure about their ability to include infants with disabilities (EI Bridge).*

> *I came to really appreciate the expertise of the child care directors. They have enormous contacts within the community and can really get things done and I will*

rely on them to help me develop support networks for the families that I serve (EI Bridges).

Changes in Attitudes

A pre- and post test survey of attitudes regarding inclusion of young children with disabilities in typical settings was completed by participants at each site. Although participants' attitudes were generally favorable prior to the training there were several areas that changed positively and significantly after the trainings occurred (See Appendix B for a complete copy of the pre- post test survey). Prior to the training, a significant number of participants indicated that they felt like children could not be effectively served in typical child care settings because of limited resources and training. After the trainings, these attitudes changed significantly. The tables below indicate the survey questions that indicated a statistically significant change in attitudes at the .05 level of significance. The sites on the tables represent participants in Alabama, and the Virgin Islands with two sites in West Virginia (2 years) and three sites in Texas (3 years).

The survey results indicate that in at least 4 out of the 7 sites, participants positively changed their attitudes (at a statistically significant level, .05) to incorporate the following beliefs:

- Integration is more likely to make children with disabilities feel better about themselves.
- In integration, children with disabilities receive enough special help and individualized instruction from their teacher.
- In integration, teachers are qualified or trained to deal with the needs of children with disabilities.
- In integration, the concerns of families of children with disabilities are shared and understood by other families.

X= indicates there was a statistically significant change (at the .05 level) in respondents positive attitudes toward inclusion

Survey Question	Site 1 N=5	Site 2 N=8	Site 3 N=13	Site 4 N=6	Site 5 N=10	Site 6 N=9	Site 7 N=9
1. Integration is more likely to prepare children with disabilities for the real world.		X					X
2. Children with disabilities in integrated programs are more likely to develop independence in self-help skills							X
4. Integration is more likely to make children with disabilities want to try harder.	X	X					
5. Integration is more likely to make children with disabilities feel better about themselves.	X	X	X	X			X
6. Integration provides children with disabilities more chances to participate in a variety of activities, such as creative and dramatic activities.	X						X
8. Integration helps families of children with disabilities learn more about normal child development.					X		X
9. Integration gives families of children w/ disabilities more of a chance to meet and interact with families of typically developing children.		X					X
11. In integration, typically developing children are more likely to learn about differences in the way people grow and develop.		X		X			
12. In integration, typically developing children become more aware and accepting of their own strengths and weaknesses.							X

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X= indicates there was a statistically significant change (at the .05 level) in respondents positive attitudes toward inclusion

Survey Questions	Site 1 N=5	Site 2 N=8	Site 3 N=13	Site 4 N=6	Site 5 N= 10	Site 6 N=9	Site 7 N=9
13. In integration, families of children without disabilities are more likely to understand what it is like for families who have a child with a disability.		X	X				X
14. In integration, families of typically developing children are more likely to understand children with disabilities	X						
15. In integration, children with disabilities are less likely to receive enough special help and individualized instruction from their teacher.			X		X	X	X
16. In integration, children with disabilities are less likely to receive enough special services, such as physical and speech therapy.		X			X	X	
17. In integration, children with disabilities are more likely to be rejected or left out by teachers.	X				X	X	
18. In integration, children with disabilities are more likely to be rejected or left out by other children.		X				X	
19. In integration, teachers are not likely to be qualified or trained to deal with the needs of children with disabilities.	X	X			X	X	X
20. In integration, families of children with disabilities may feel left out or ignored by families of typically developing children.		X					

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X= indicates there was a statistically significant change (at the .05 level) in respondents positive attitudes toward inclusion

Survey Questions	Site 1 N= 5	Site 2 N= 8	Site 3 N= 13	Site 4 N= 6	Site 5 N= 10	Site 6 N= 9	Site 7 N= 9
21. In integration, families of children with disabilities may feel that most of the other families do not share or understand their concerns.	X		X		X		X
22. In integration, families of children with disabilities are more likely to notice and be upset by differences between their children and typically developing children.			X				X
23. In integration, families of children with disabilities are more likely to undergo and be upset by the experience of seeing their child rejected or teased.	X		X				X
24. In integration, children with disabilities will take up too much of the teacher's time so that the typically developing children will not receive enough attention.			X		X		
25. In integration, typically developing children may copy children with disabilities and learn negative behaviors from them.			X			X	
26. In integration, the needs of children with disabilities for special materials and equipment will be so great that children without disabilities will not get their fair share of resources.			X			X	
27. In integration, families of typically developing children feel uncomfortable being around children with disabilities.			X		X		
28. In integration, families of typically developing children feel uncomfortable around families of children with disabilities.		X					

In addition to information from the survey, interviews with participants suggested that several changes took place as a result of the training. Comments related to those attitude changes include:

> *I came to respect the value of typical experiences for the kids that I serve and I no longer do "pull out" services in child care programs. I am trying to embed my objectives into the daily routines and it is working!!(EI Bridge participant).*

> *This training really helped me see that "kids are kids" and they belong in my program. I also learned that all kids can benefit from some of the suggestions that were given. I think it really can improve the total quality of my program and I feel more confident that I could make a positive difference for a child with a disability (child care director).*

> *Since the training I have come to believe that including young children with disabilities will have a positive impact on the kids without disabilities by increasing the likelihood that they will be accepting of people who are different throughout their lives (child care director).*

Changes in Policies

Each participating center provided copies of their handbooks, policies, procedures and brochures. These documents were reviewed by project staff and recommended revisions were provided to assure that policies and materials reflected a commitment to inclusive child care. The most common recommended revisions included:

1. *Modify enrollment forms so that they include types of disabilities in the list of child attributes to let parents know that the center anticipates that some children will have disabilities and is willing to make accommodations for them.*
2. *Modify enrollment procedures sot that they include an opportunity for the Director to request a meeting with the child's parent(s) and El Bridge to discuss accommodations the child may need. This meeting would be held after the child was accepted but before s/he attended for the first time.*
3. *Eliminate acquisition of developmental milestones such as toilet training as prerequisites for movement with chronological age group.*
4. *Qualify rules about limiting meals to those provided by the center to allow children on special diets to have food brought in from home.*
5. *Modify rules about dismissal for behavior to allow Directors to request a meeting with the child's parent(s) and El Bridge to discuss accommodations the child may need to participate more successfully.*

Interviews verified the importance of this activity (evaluating policies, etc.) and a significant number of participants commented on the impact on their practices. Examples of comments from the interviews include:

I never realized how biased my policies and handbook were. As a result of the project, we added inclusive statements and made it a policy to plan transitions. This is a great idea for all kids (child care director).

We have changed our enrollment practices to find out much more about children and families and develop a plan for them. We now have a collaborative meeting to talk

with the EI specialists before enrolling children, not to exclude them but to make sure we are doing what we need to be doing and beginning the child's time in our program in a positive, planned manner (child care director).

I had never thought about policies, like having to be "potty trained" as being exclusive. Now that I understand this, we have changed those policies and I feel really good about the outcome, which is our ability to include children in age appropriate classrooms (child care director).

Changes in Perceptions of Competence

Interviews with participants indicated that the training increased their understanding of issues related to including infants & toddlers with disabilities and provided them with practical strategies to accommodate the needs of these children. Early Intervention participants also increased their perceptions of the competence of child care providers.

Representative comments include:

Once I learned that "kids are kids" and that the kinds of changes that I would need to make were really simple and good for lots of kids, I became much more comfortable with the idea of including infants & toddlers with disabilities in my program (child care director).

It was a relief to know that there were early interventionists and therapists who would be there to support and guide me and my staff if we ran into challenges as we included these children. I realized that I didn't need to hire more staff because

I could rely on my EI partners as consultants and it is working (child care director).

I learned that child care directors have a lot of valuable information about typical routines and developmentally appropriate activities and that I needed to rely on their knowledge of typical development so that my interventions were more functional (EI Bridge).

I used to pull kids out of the child care setting to do my interventions, but after training with these directors I really came to appreciate the value of working with them in the classroom. They were very willing and anxious to "pick my brain" and I found that I also needed to "pick their brain" (EI Bridge).

Goal 2: To increase collaboration between local child care and early intervention programs

One significant outcome of this project was the development of collaborative training opportunities and the building of relationships between child care directors and early intervention bridges. In fact, participants pointed to the "relationship building" component of the training as an extremely valuable tool in increasing referrals and enrollment of infants and toddlers with disabilities in child care settings. There were numerous reports of significant collaborative efforts resulting from this project. One of the key findings of this project was the importance of having a designated position at the State level for the Early Intervention Bridge. Two of the states accomplished this. This designated position serves two essential purposes: it demonstrates a commitment to bridging the gap between early intervention and child care communities to assist in

serving young children in inclusive settings, and it creates a position where the focus of the job responsibility is on co-training professionals from child care and early intervention which increases knowledge and skills but also increases collaboration and networking. As a result of this project some of the EI Bridges are now becoming involved in activities sponsored by local/state chapters of National Association for the Education of Young Children (NAEYC), which increases their understanding of typical development and provides them with opportunities to network with child care providers. Child care directors also reported being invited to some of the Early Intervention Workshops, which increased their knowledge and continued collaborative relationships. Unfortunately, cross-training was not typical and the two professional communities often operate independently which creates limited opportunities for collaboration.

Throughout the project it also became evident that there were considerable barriers which often challenged collaborative efforts between child care providers and early intervention professionals. Some of these barriers included:

- Relationship building is difficult because EI Bridges and child care directors do not go to the same meetings, do not belong to the same organizations and generally do not run into each other professionally resulting in an "out of sight out of mind" phenomena.
- Early Intervention programs operate very differently from state to state and even within states, making it difficult to develop a consistent framework for building collaborative relationships.
- Early Intervention Bridges did not initially view their role as a developing a network of child care programs to enable families with disabilities to access child care.
- Attitudes of many EI professionals included a distrust of the ability of child care providers to adequately serve infants & toddlers with disabilities.
- Prior to the Project, there were limited training and support opportunities for child care providers interested in serving infants & toddlers with disabilities.

Goal 3: **To implement a nation-wide dissemination plan describing the need for, purpose and impact of increasing access to center-based child care programs for infants and toddlers with disabilities.**

Dissemination Activities and Products 1998-2000

Publications:

Craig, S., (1998). Including children with disabilities: An interview with Christine Kalbaugh, Publisher, Part 1, Journal of Child Care Administration, 216, 1-5.

Craig, S. (1998). Including children with disabilities: An interview with Christine Kalbaugh, Publisher, Part 2, Journal of Child Care Administration, 217, 5-9.

Craig, S., Haggart, A., Gold, S., & Hull, K. (2000). Expanding the circle of inclusion: The child care director's role. Young Exceptional Children Monograph.

Gomez, K. (2000). Improving the lives of children and their families through family-centered practice. Harambee, Winter, 7-9. St. Thomas, VI: Virgin Islands University Affiliated Programs.

Presentations:

Brodof, S. (1998). Including All Children, Common Bonds Conference, Charleston, W.V.

Daley, S., Chen, D., Craig, S., Fox, L., & Hanline, M. (1998). Self-determination in Early Childhood Years: Developmental and Programmatic Issues. Division of Early Childhood International Conference on Children with Special Needs, Chicago, Illinois.

Haggart, A., & Craig, S., (1998). Integrating therapies into Preschool Curriculum. Post Conference Session. Division of Early Childhood Conference on Children with Special Needs, Chicago, Illinois.

Craig, S., Haggart, A., Gomez-Causey, K, Gomez, C. (1999). EI Bridges: Crossing the Boundary Between Early intervention and Child Care. Division of Early childhood, International Conference on Children with Special Needs. Washington, DC.

Haggart, A. & Church, K. (1999). Crossing the Boundary between therapy and Curriculum: A model for Collaboration. Division of Early childhood International Conference on children with special needs. Washington, DC.

Palmer, S. & Craig, S. (1999). Self-determination meets developmentally appropriate practices: Issues, Methods, & Models. Division for Early Childhood International Conference on Children with Special Needs. Washington, DC.

Webpage

The schoolhousedoor.com webpage was created with features such as "ask the experts", which provides an opportunity for child care directors and early interventionists throughout the world to get their questions answered by well-known professionals in early childhood education: Steven Daley, Susan Gold, Mary Frances Hanline and Lise Fox.

Newsletter

The AGH associates newsletter, *Newslink* reaches over 6,000 parents and professionals throughout the country. An entire edition of *Newslink* was devoted to issues surrounding inclusive child care.

Dissemination through Local Media

Virgin Islands Department of Health Recognizes Early Intervention Program, The Daily News, Feb. 27, 1999, St. Thomas, VI.

Pierson, M. (1999). *Day Care for Special Needs*. Waco Tribune, Feb. 22, 1999. Waco,Texas.

Dissemination of Training Materials

Training Kits and Provider Training Modules were disseminated to participating sites throughout this 3 year Outreach Project. Additionally, the materials were provided free of charge to child care centers associated with the U.S. Department of the Army Child Development System. The Training Kit, Provider Training Modules, Trainer's Guide, Administrator's Handbook, Video (It's Really No Different), and the Video

(Disability Awareness) have been disseminated to over 200 programs throughout the nation. Including Resource and Referral agencies, individual child care centers, university and community college early childhood and early intervention programs, high school early childhood programs, advocacy groups, state departments of education or human resources and professional trainers.

Potential Replicability of Project Findings

This Project has proven its ability to serve as a critical tool in providing quality inclusive child care for young children with disabilities and their families. With an emphasis on inclusion and natural environments it is essential that child care providers and early interventionists develop collaborative efforts to support young children with disabilities and their families. This project has demonstrated the following:

- **The Project Model is effective in diverse settings.**

This project should be commended for its success in using this model in four very diverse places (Texas, Virgin Islands, West Virginia, and Alabama) with different political and cultural contexts impinging on the training and implementation of the project. Additionally, the model was piloted in the Department of Army Child Care System and effectively changed a highly segregated system into an inclusive system that serves as a model for child care providers. In fact, the Department of Army has over 9,000 kids with disabilities integrated into child care development centers and has eliminated the special children's unit. The Project Staff were invited to the White House Conference on Child Care in 1997 where their use of the model in the military system

was acknowledged as a model for the country. Thus, this project has had a significant, long-term effect on the availability of inclusive child care.

- **The Project Model includes a framework that incorporates different levels of commitment and participation from participants.**

Programs and personnel in the Virgin Islands demonstrated evidence of increased awareness of the importance of inclusive child care and the collaboration required to achieve inclusive options for families. They have the commitment of the Part C Director and have pledged to continue pursuing these efforts. This is significant because of the immense cultural barriers/attitudes that have to be addressed. The state of Texas was able to implement the model in several places and now has several sites that can serve as model demonstration sites for others who are interested in addressing this significant issue. West Virginia and Alabama took the training to a systemic level by funding the EI Bridges at the state level so that this type of training, support and collaboration can become an ongoing component of their service system, focusing specifically on increasing the collaborative efforts of child care directors and early intervention staff.

- **The Model is practical and accessible to diverse audiences including child care directors and early intervention providers.**

The model served the purpose of increasing the knowledge base of child care directors regarding inclusion and early intervention, and also increased the knowledge base of EI bridges regarding the incredible community resources that were available in the form of child care centers. Participants all pointed to the accessibility of the materials, identifying the fact that the materials were practical and useful.

- **The Model demonstrated its ability to have a lasting impact after the completion of training.**

The results of the Project provide evidence that the trainings and model used for this project achieved the desired outcome of increasing the availability of quality child care for young children with disabilities and their families. Importantly, focusing on child care directors was found to have a more lasting impact than training individual child care providers, since there is less turnover among child care directors and they are ultimately responsible for setting the tone, developing inclusive policies and providing training for their providers. Additionally, using EI Bridges to facilitate co-training among child care directors and early intervention personnel was effective in developing the necessary collaborative relationships to foster increased accessibility of child care for young children with disabilities and increased quality in child care settings.

CONCLUSIONS & RECOMMENDATIONS

There was significant evidence to indicate that the model developed by this Project is highly replicable and further that it addresses a critical issue being faced by families of infants & toddlers with disabilities. The issue is the ability to find quality, inclusive child care and this model increases the likelihood that child care directors and early intervention personnel will develop the relationships necessary to support infants and toddlers with disabilities in child care settings. It is recommended that this model be supported and implemented in many other states and that State level leaders consult with

the project directors about the policy implications that surfaced during this Project. The need to emphasize, plan for and implement a Bridge between the child care community and early intervention programs is immediate and this Project has developed effective guidelines and a model for addressing this need.

The model has been successful in very diverse settings, has had long term impact on the accessibility of inclusive child care and continues to provide support and training through the dissemination of materials. This was a highly successful Outreach Project and one that should be commended.

APPENDIX A

EI Bridges Out Reach Project
Designed by
Susan Craig & Ann Haggart
Child Care Directors

I have been hired as an "outside" evaluator for the federally funded EI Bridges Outreach Project. I am interested in understanding your experience as a participant in this project. The evaluation results will be summarized and your answers will remain anonymous. These results will be used to refine the project and to reflect its effectiveness in the final report to the funding agency. I appreciate your time in answering these questions. If you would prefer to have a phone interview, please email or FAX me with times that are good for you. Thank you for your assistance.

Dr. Karla Hull, Valdosta State University, (912)-219-1315

You can respond by email or FAX (912) 219-1335
khull@valdosta.edu

Many thanks.

1. Has there been an increase in children with disabilities enrolled in your program?

   a. If yes, to what to do you attribute that increase.

   b. If no, why do you think this is so?

   c. Once enrolled, how long did the children with disabilities come to your center? (weeks, months, years)?

2. Has the training project had an impact on the ways in which you recruit children with disabilities?

   a. If yes, In, what ways?

   b. If no, please describe why you think it hasn't impacted your recruitment efforts.

3. Do you actively recruit children with disabilities or accept them as they enroll?

   a. If you actively recruit children with disabilities, what strategies do you use?

4. Have you enrolled older children with disabilities?

   a. If yes, did the training impact your enrollment of older children?

5. How do you see the project goals being addressed in the future?

6. From your point of view, what has been the most valuable part of the training?

a. What was the least valuable?

7. Would you recommend this training to other child care directors?

a. Why?

b. Why not?

Name: _____ - DATE: _____

El Bridges Out Reach Project
Designed by
Susan Craig & Ann Haggart

I have been hired as an "outside" evaluator for the federally funded El Bridges Outreach Project. I am interested in understanding your experience as a participant in this project. The evaluation results will be summarized and your answers will remain anonymous. These results will be used to refine the project and to reflect its effectiveness in the final report to the funding agency. I appreciate your time in answering these questions. If you would prefer to have a phone interview, please email or FAX me with times that are good for you. Thank you for your assistance.
Dr. Karla Hull, Valdosta State University, (912)-219-1315

Send your answers by: FAX or email. Many thanks.
FAX (912) 219-1335) **khull@valdosta.edu**

El Bridges

1. **Did your feelings about the appropriateness of child care for children with disabilities change as a function of the project training?**

   a. **In what ways?**

2. **Are there any Part C policy changes you can think of that would foster closer collaboration between early intervention and child care?**

3. Will your state/territory continue to fund "El Bridges"?
   a. Why?/Why not?

4. In what ways did this training impact your practices?

5. In what ways did this training impact the participating child care directors?

Name: _____ Date: _____

APPENDIX B

SURVEY

(adapted from Bailey and Winton in Early Chiuldhood Special Education, 7:1)

Position: _____ **Site:** _____

Date: _____ #yrs working [ ] <1 [ ] 1-5 [ ] 6-10 [ ] 11+ with children

CODE # _____

Please read each statement and circle your response.

STATEMENT	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. Integration is more likely to prepare children with disabilities for the real world.	1	2	3	4	5
2. Children with disabilities in integrated programs are more likely to develop independence in self-help skills, such as dressing, eating, and toileting.	1	2	3	4	5
3. Children with disabilities in integrated settings learn more because they have the chance to see normally developing children and learn from them.	1	2	3	4	5
4. Integration is more likely to make children with disabilities want to try harder.	1	2	3	4	5
5. Integration is more likely to make children with disabilities feel better about themselves.	1	2	3	4	5
6. Integration provides children with disabilities more chances to participate in a variety of activities, such as creative and dramatic activities.	1	2	3	4	5

Please read each statement and circle your response.

STATEMENT	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
7. Integration is more likely to promote acceptance of children with disabilities by the community in general.	1	2	3	4	5
8. Integration helps families of children with disabilities learn more about normal child development.	1	2	3	4	5
9. Integration gives families of children with disabilities more of a chance to meet and interact with families of typically developing children.	1	2	3	4	5
10. Integration is more likely to prepare typically developing children for the real world.	1	2	3	4	5
11. In integration, typically developing children are more likely to learn about differences in the way people grow and develop.	1	2	3	4	5
12. In integration, typically developing children become more aware and accepting of their own strengths and weaknesses.	1	2	3	4	5
13. In integration, families of children with disabilities are more likely to understand what it is like for families who have a child with a disability.	1	2	3	4	5
14. In integration, families of typically developing children are more likely to understand children with disabilities.	1	2	3	4	5

Please read each statement and circle your response.

STATEMENT	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
15. In integration, children with disabilities are less likely to receive enough special help and individualized instruction from their teacher.	1	2	3	4	5
16. In integration, children with disabilities are less likely to receive enough special services, such as physical and speech therapy.	1	2	3	4	5
17. In integration, children with disabilities are more likely to be rejected or left out by teachers.	1	2	3	4	5
18. In integration, children with disabilities are more likely to be rejected or left out by other children.	1	2	3	4	5
19. In integration, teachers are not likely to be qualified or trained to deal with the needs of children with disabilities.	1	2	3	4	5
20. In integration, families of children with disabilities may feel left out or ignored by families of typically developing children.	1	2	3	4	5
21. In integration, families of children with disabilities may feel that most of the other families do not share or understand their concerns.	1	2	3	4	5

Please read each statement and circle your response.

STATEMENT	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
22. In integration, families of children with disabilities are more likely to notice and be upset by differences between their children and typically developing children.	1	2	3	4	5
23. In integration, families of children with disabilities are more likely to undergo and be upset by the experience of seeing their child rejected or teased.	1	2	3	4	5
24. In integration, children with disabilities will take up too much of the teacher's time so that the typically developing children will not receive enough attention.	1	2	3	4	5
25. In integration, typically developing children may copy children with disabilities and learn negative behaviors from them.	1	2	3	4	5
26. In integration, the needs of children with disabilities for special materials and equipment will be so great that children with disabilities will not get their fair share of resources.	1	2	3	4	5
27. In integration, families of typically developing children feel uncomfortable being around children with disabilities.	1	2	3	4	5
28. In integration, families of typically developing children feel uncomfortable being around families of children with disabilities.	1	2	3	4	5

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